



MILLTOWN RECREATION
YOUTH SOCCER LEAGUE SPRING 2019

Saturdays
April 6th-June 8th

Fundamental Four's

10:15am-11:15am
 Albert Ave

K-2nd Grade

11:30am-1:00pm
 Albert Ave

3rd- 5th and 6th-8th Grades

Game times TBD
 Crabiel Field

Child MUST be 4 by April 6, 2019

Saturdays - April 6th - June 8th

Practice: Wednesdays 6-9pm (begins 4/10/19)

(*times and age groups subject to change based on number of registrants)

Deadline: March 22nd - late registrations accepted until 3/29 with a late fee of \$15.00 per child

PLEASE PRINT CLEARLY, We are not responsible for illegible information

Child's Name: _____ Address _____ Town _____

M ___ F ___ Grade: ___ Age: ___ Requests*: _____

Special requests for coaches and teammates are considered, but not guaranteed

Parent/Guardian's Name: _____ Cell: _____ Email: _____

Emergency Contact Name: _____ Cell: _____ Hospital: _____

Physical Limitations/Special Needs/Allergies: _____

I grant my child, _____, permission to participate in the Milltown Recreation Spring Soccer Program. I understand that there are inherent risks involved with this sport and I agree not to hold the Borough of Milltown, Supervisors or Coaches liable for any accidental injuries that my child may incur as a result of participation in this activity. To the best of my knowledge, my child is in good health and able to safely participate. I have provided the necessary information regarding my child's health. I authorize the coaches to make emergency medical decisions if I cannot be reached.

PARENT/GUARDIAN SIGNATURE

Shirt size (50/50 cot/poly):

- Child Small _____
- Child Medium _____
- Child Large _____
- Adult Small _____
- Adult Medium _____
- Adult Large _____
- Adult X Large _____

(If in between sizes, please mark next size up)

We need volunteer coaches to ensure our program's success!

*****IF YOU WOULD LIKE TO COACH*****

Coach's Name _____

I am certified _____

I need certification _____

***Coaches Certification Class date: 3/12/19**

Coach's Shirt Size _____

FEES

\$50.00 1ST CHILD _____

\$45.00 EACH ADDT'L CHILD _____

\$85.00 NON-RESIDENT/CHILD _____

NO REFUNDS!

Please make out checks payable to:

Milltown Recreation

Send form and payment to:

Milltown Recreation Department

39 Washington Ave

Milltown, NJ 08850

OFFICE USE ONLY:

Check# _____

Cash Rcpt# _____

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 Website: www.milltownnj.org

